Thursday, October 23: Honing the Models

Day One of the meeting will highlight initiatives from across the country that have been successful in their implementation efforts. The sessions are designed to encourage open discussion and questions among the participants, and share insights about effective strategies as well as common obstacles faced by payment and delivery system reform efforts.

8:00 – 9:00 a.m. Breakfast

9:00 – 9:30 a.m. Welcome and Overview of the Meeting

9:30 – 10:15 a.m. Opening Plenary (1):

10:15 – 10:30 a.m. Break/Move to Breakout Rooms

10:30 a.m. – 12:00 p.m. Breakout 1

This session will examine how a mature medical home model has been implemented and then refined over time, from both the payor and provider perspective. How do payors and providers approach the transition to medical homes and associated payment reforms and how has this model changed how care is delivered and paid for? Faculty will share lessons learned to help others avoid common obstacles to implementation.
Contemporary Room II

• Topic 1.2: Integrating Payment to Integrate Behavioral Health and Primary Care
  o Bonnie Austin, AcademyHealth (moderator)
  o Keith Gaither, TennCare
  o Patrick Gordon, Rocky Mountain Health Plans
  o Jeffery Howard, Cherokee Health Systems

This session will highlight successful examples of how to integrate behavioral health and physical health providers with a supporting payment model. Behavioral health patients often have complex co-morbidities that make coordination between providers especially important to improve patient care and outcomes. Examples of various payment structures for behavioral health integration will be presented and discussed.

Exhibition Room

• Topic 1.3: Appropriately Risk-adjusting Payment: What Two Alternative Approaches Have to Offer
  o Harold Miller, Center for Healthcare Quality and Payment Reform (moderator)
  o Norbert Goldfield, 3M Health Information Systems
  o Gregory Pope, RTI International

In order to ensure high-quality care of patients, successful payment systems need to provide more resources for care of patients with greater needs. How should payment systems be designed so they direct resources to patients who have greater needs, rather than patients who receive unnecessary services? Can current risk adjustment systems be used for this purpose or are different approaches needed? Are risk adjustment systems based on clinical categories or regression-based models better for global payments, episode payments, and other payment models? This session will compare and contrast the strengths and weaknesses of different approaches to separating insurance and performance risk to help guide payment reform efforts.

Modern Room

• Topic 1.4: Successful Matchmaking: Patient Attribution
  o Enrique Martinez-Vidal, AcademyHealth (moderator)
  o Diane Bechel Marriott, University of Michigan
  o Susan Pantely, Milliman
  o Greger Vigen, Independent Actuary

Accurate attribution methodologies are the foundation of successful implementation of payment reform initiatives. For example, patient panel
size in conjunction with per member per month (PMPM) enhanced payment level for providers determine the monthly funding for practices—and in order for practice transformations to be sustainable, the PMPM must reflect an accurate patient panel. Additionally, it is important to have a clear sense of health risk characteristics of a provider’s panel, in order to appropriately measure their performance on quality and outcomes measures. This session will provide an overview of the key considerations for developing attribution and assignment methods, the strengths and shortcomings of each with examples.

12:00 – 1:00 p.m.  
**Lunch**  
*Gallery Ballroom*

1:15 – 2:15 p.m.  
**Plenary 2: ROUNDTABLE DISCUSSION - Why Invest Time in a Multi-Stakeholder Initiative? Ideas to Facilitate Their Success**  
*Gallery Ballroom*

- Heather Howard, Princeton University (moderator)
- Joe Kimura, Atrius Health
- Daniel Lessler, Washington Health Care Authority
- Dana Safran, Blue Cross Blue Shield of Massachusetts

Payors, providers, and state policymakers discuss what attracts and repels them from multi-stakeholder initiatives and what the various parties (including conveners) can do to make them effective and successful.

2:15 – 2:30 p.m.  
**Break/Move to Breakout Rooms**

2:30 – 4:00 p.m.  
**Breakout 2**  
*Contemporary Room I*

- **Topic 2.1: Taking Episodes of Care to Scale: Considerations for Defining Structures and Payment**
  - Enrique Martinez-Vidal, AcademyHealth (moderator)
  - Lee Clark, Arkansas Department of Human Services
  - William Golden, Arkansas Department of Human Services
  - E.J. Shoptaw, General Dynamics Information Technology

Developing episode-based payment models is a complex process. Issues to consider include what procedures lend themselves to episodes, determining the timeframe covered in the episode, and the appropriate payment levels that will encourage high-quality care. This session will focus on efforts in Arkansas, which has implemented a multi-payer episode-based payment model across the state, and the lessons learned and refinements made based on initial experience.
**Contemporary Room II**

- **Topic 2.2: Exploring the Implementation Experience of Safety Net ACOs**
  - Dianne Hasselman, Network for Regional Healthcare Improvement (moderator)
  - Jaeson Fournier, West Side Community Health Services
  - Heather Petermann, Minnesota Department of Human Services
  - Patrick Schwartz, OptumInsight

Safety Net ACOs present unique challenges: they often do not have reserve capital on-hand to support various upgrades necessary at the beginning stages of implementation, many patients served by the safety net have multiple complex conditions – for both their physical health and behavioral health – and meeting those needs can be resource-intensive. Moreover, they require increased level of coordination between the ACO, the state, and the federal government, due to their high rates of Medicaid and uninsured patients. This session will explore the implementation experience of a payor and provider from a Minnesota safety net ACO and will highlight how they addressed these and other challenges.

**Exhibition Room**

- **Topic 2.3: From Top to Bottom: Distributing the “Payment Underneath the Payment”**
  - Harold Miller, Center for Healthcare Quality and Payment Reform (moderator)
  - Dean Gruner, ThedaCare
  - Wells Shoemaker, Healthcare Consultant
  - John Walker, Cornerstone Health Enablement Strategic Solutions (CHESS)

Various payment (and delivery system) reform models incorporate a bundled payment or a shared savings arrangement for a group of services provided by various practitioners working in close coordination. Determining who is accountable for success and who is eligible for what share of the payment requires changes in compensation systems and better methods of coordination among different providers. This session will focus on how health systems and physician groups around the country have addressed these issues to date and what they feel should be done in the future.
**Modern Room**

- Topic 2.4: All About Data: Advancing the Transformation to Value through Clinical and Claims Data Integration
  - Michael Bailit, Bailit Health Purchasing (moderator)
  - Joe Kimura, Atrius Health
  - Vivian Lee, University of Utah Health Care

For providers to successfully improve the effectiveness and efficiency of care for which they are responsible under new payment models, they need to understand variation in care patterns and costs and the corresponding opportunities to improve value. Integration and sophisticated action-oriented analysis of clinical and claims data provides the means for providers to understand and address these opportunities. This session will explore how two delivery systems have approached this task and described some of the results achieved thus far.

4:00 – 4:15 p.m. Break/Move to Plenary


- Michael Bailit, Bailit Health Purchasing (moderator)
- Joe Damore, Premier, Inc.
- Joel Kaufman, Rhode Island Hospital and Warren Alpert Medical School of Brown University
- Doug Ratner, Jersey City Medical Center

Investing in a new payment model does not come without risk. This panel discussion, addressing various payment reform models, will center on how they “made the math work” and implemented a payment reform model that resulted in cost savings and high-quality care for their patients. Panelists will also share considerations when planning for sustainability.

5:15 – 6:15 p.m. Light Networking Reception
Friday, October 24: Pushing the Boundaries

Day Two of the meeting will address emerging frontiers in payment and delivery system reform. These sessions are designed to be thought provoking and forward looking. They may raise more questions than answers (and that’s OK!). We encourage participants to think creatively about the issues raised during these discussions.

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<th>Time</th>
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<tr>
<td>7:45 – 8:30 a.m.</td>
<td>Breakfast</td>
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<td>8:30 – 9:15 a.m.</td>
<td>Plenary 4: Pushing the Boundaries of Payment and Delivery System Reform: Creating Models That Work for Providers, and That Can Move the Needle for All Patients</td>
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<td>o  Karen Hacker, Allegheny County Health Department</td>
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<td>9:15 – 9:30 a.m.</td>
<td>Break/Move to Breakout Rooms</td>
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<td>9:30 – 11:00 a.m.</td>
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<td>* Topic 3.1: It’s Not All About the Money: Designing Payment and Delivery System Change with the Provider in Mind</td>
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<td>o  Jay Want, Want Healthcare, LLC (moderator)</td>
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<td>o  Larry Casalino, Weill Cornell Medical College</td>
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<td>o  François de Brantes, Health Care Incentives Improvement Institute (HCI3)</td>
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<td>While much focus in the past few years has been on changing provider</td>
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<td>behavior through payment and delivery system reform, less attention</td>
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<td>providers’ decisions, choices, and behavior. This session will</td>
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<td>examine how the less tangible components of the incentive equation,</td>
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<td>including medical professionalism and the joy of medical practice,</td>
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<td>can and should be incorporated into new models of payment and care</td>
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<td>Contemporary Room II</td>
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<td>* Topic 3.2: Improving Care for All Patients: Considerations for Risk-adjustment and an Early Look at New Efforts to Address Disparities through Refined Payment Methodologies and Delivery System Reforms</td>
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<td>o  Harold Miller, Center for Healthcare Quality and Payment Reform (moderator)</td>
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<td>o  Kevin Fiscella, University of Rochester School of Medicine</td>
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<td>o  Laurie Francis, Oregon Primary Care Association</td>
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<td>o  Laura Sisulak, Oregon Primary Care Association</td>
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The types of healthcare services patients need and the ability of healthcare providers to achieve good outcomes for patients depends not only on the types of health problems the patients have, but also on a range of other factors, such as whether the patients can afford medications, whether they have transportation to healthcare services, and whether they have a home to sleep in and food to eat. As more and more payors seek to reward or penalize providers based on quality, outcomes, and cost, how should the payment systems address these non-health factors? This session will discuss whether quality/outcome/cost measures should be adjusted for socioeconomic characteristics of patients, and whether larger or more flexible payments are needed to enable providers to help patients who have social and economic barriers to better health. The co-chair of the NQF Expert Panel on Socioeconomic Risk Adjustment will describe its recommendations in this area, and a representative of the community health centers in Oregon will describe how more flexible payments have supported care delivery that is better matched to patient needs.

**Exhibition Room**

- **Topic 3.3: Treating the Whole Patient: Addressing Social Determinants of Health**
  - Dianne Hasselman, Network for Regional Healthcare Improvement (moderator)
  - Manik Bhat, Healthify
  - Rachel Meeks Cahill, Benefits Data Trust
  - James Teufel, Mercyhurst University

When it comes to factors that influence health, sometimes food security and access to affordable childcare can be just as critical as beta blocker adherence. While we are learning from innovative models that can “bridge” health and health care and enhanced team-based care delivery that can be supported with tools, we know less about how to build financial supports for these models into reformed payment methodologies. This session will feature insights from negotiations with payors and providers, and will engage the audience around how these enhanced models can work with and under new payment mechanisms.
Under a waiver negotiated with the Centers for Medicare & Medicaid Services, the state of Maryland has made significant changes to its all-payer rate-setting system for inpatient and outpatient hospital services. The new model moves payor reimbursement from fee-for-service to population-based global budgeting for hospital services. The board chair of the state rate-setting agency will describe the policy goals and subsequent methodology and hospital executives from a rural and urban setting will describe the experience of adopting/moving toward global budgeting.

11:00 – 11:15 a.m.  Break/Move to Plenary

11:15 a.m. – 12:15 p.m.  Plenary 5: CLOSING ROUNDTABLE

- **Moving Together or Going it Alone? Does Payment Reform Need to be Multi-Payor and Multi-Stakeholder to Succeed?**
  - Michael Bailit, Bailit Health Purchasing (moderator)
  - François de Brantes, HCI3
  - Jaeson Fournier, West Side Community Health Services
  - Rita Horwitz, Better Health Greater Cleveland
  - Greg Moody, Ohio Governor’s Office of Health Transformation
  - Lew Sandy, UnitedHealth Group

12:15 – 12:30 p.m.  Wrap Up/Next Steps/Closing